

# Parent Education / Family Strengthening

## *First Steps Effective Practices Report*

**Elsbeth Brown, PhD**

**Center for Excellence in Early Childhood  
Winthrop University/University of South Carolina**

**Phone: 803-323-4866**

**Email: elsbethb@hotmail.com**

**Kevin J. Swick, PhD**

**Early Childhood Education  
University of South Carolina – Columbia**

**Phone: 803-777-5278**

**Email: kswick@gwm.sc.edu**

**September 30, 2002**

This report is based on information provided to the author by the Office of First Steps and Program Effectiveness Reports (PERs). The PERs follow an outline developed by Child Trends and the USC Institute for Families in Society (IFS). The PERs are grounded in information provided through written reports and oral interviews by the executive directors of the county First Steps Partnership Boards and the vendors on contract to provide programs. Staff at the USC IFS provided oversight for writing of the PERs. The PER form requested the names of both the person responsible for providing the information in each section of the report and the person who verified the accuracy of the information in each section of the report. There was no further process for external validation of information. The PER writers have included information as it was reported to them and, in general, based on interviews with vendors and directors, have confidence that the information was submitted in good faith. Information in this report is based on PERs submitted through the end of August 2002. Information from PERs submitted after this date could not be included in this Effective Practices (EPE) report because of report deadlines. The summary numbers in this EPE report should be considered as interim estimates.

# **TABLE OF CONTENTS**

<b>EXECUTIVE SUMMARY</b>	<b>1</b>
<b>OVERVIEW / INTRODUCTION</b>	<b>4</b>
<b>KEY CONCEPTS AND DEFINITIONS</b>	<b>5</b>
<b>SYNOPSIS OF ATTRIBUTES OF SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS FAMILIES</b>	<b>6</b>
<b>A DESCRIPTION OF PROMISING PRACTICES IN MODEL PROGRAMS FOR EARLY CHILDHOOD PARENT EDUCATION AND FAMILY STRENGTHENING</b>	<b>7</b>
<b>A FRAMEWORK FOR EXAMINING THE PARENT EDUCATION / FAMILY STRENGTHENING MODELS AS BEING IMPLEMENTED IN SOUTH</b>	<b>12</b>
<b>BRIEF DESCRIPTIONS OF THE PREVALENT MODELS AND THEIR IMPLEMENTATION IN SOUTH CAROLINA</b>	<b>14</b>
<b>CHALLENGES AND LESSONS LEARNED</b>	<b>23</b>
<b>RECOMMENDATIONS RELATED TO PROMISING PRACTICES IN EARLY CHILDHOOD PARENT EDUCATION / FAMILY STRENGTHENING</b>	<b>26</b>
<b>REFERENCES</b>	<b>28</b>
<b>APPENDIX A: Helpful Definitions and Concepts Related to Parent Education And Family Strengthening</b>	<b>30</b>
<b>APPENDIX B: South Carolina First Steps to School Readiness Parent Education And Family Strengthening Program Effectiveness Reports Data Presentation</b>	<b>34</b>

# Parent Education / Family Strengthening

## *First Steps Effective Practices Report*

### EXECUTIVE SUMMARY

A basic premise to South Carolina First Steps to School Readiness programs is that parents are children's first and most important teachers. Parents and family achieve this positive influence on young children through their caring and nurturing, bonding with children through many different experiences, encouraging children's exploratory learning, making provisions for children's safety, health, and security, and by making sure children's preschool years foster inquiry and growth. However, due to the many stressors parents and families experience, they need support, resources, competence to carry out their roles confidently and effectively.

The components of the South Carolina First Steps program that particularly focus on parenting skills and processes are the Parent Education / Family Strengthening Programs. The fifty-seven programs included in this report aim to support and empower parents and families to become stronger and more capable of carrying out the many roles that comprise their parenting and family life.

*Two terms particularly relevant to our discussion of how SC First Steps programs might impact parents for the better are (1) Parent Education and (2) Family Strengthening.*

Parent Education is the intentional effort and process to engage parents in learning experiences where they enhance their knowledge, skills, and attitudes as related to parenting. Family Strengthening is a process where parents, children, and family are nurtured and enhanced in their efforts to negotiate issues and challenges in positive and growing ways.

While all families experience common needs, in the South Carolina First Steps Parent Education/Family Strengthening program, families are very diverse. Families served by First Steps include parents that

- are poor, unemployed or under-employed;
- have low literacy and/or educational attainment;
- are under-resourced in terms of parenting energy and skills (i.e., teen parent, single parent, parent of more than one child under three, working parents);
- have been unsuccessful in school themselves;
- speak English as a second language;
- have themselves, or immediate family members, experienced substance abuse, domestic violence, child abuse and neglect, or incarceration;
- have a special needs condition within the family; and
- are raising a child without the involvement of either parent.

South Carolina First Steps programs carry out need-assessments with families and related community and school personnel to determine needs of significance to parents and children at-risk for school failure. These assessments are continuous and provide program leaders with ideas on how to best address these needs. Parents and families are a part of this process, hopefully empowering them to become skilled in self assessment. Three prevalent early childhood parent education / family strengthening programs are used throughout South Carolina (and nationally): Parents as Teachers (PAT), Mother-Child Home (also references as Parent-Child-Home), and Family Literacy. The purpose and function of each of these programs is briefly noted:

1. Parents As Teachers (PAT): The main goal/purpose of this program is to provide all parents of all children from prenatal through age five with quality parent education and family strengthening experiences. The program functions to provide knowledge, skills, and resources that indeed support and strengthen families in preparing their children to be ready for school.
2. Parent-Child Home: Using a home visit structure, the Parent-Child-Home program aims to increase children's cognitive and language development through educating and increasing mothers' verbal interactions with children. The program delivers intense language and cognitive skills and experience within a home visit structure.
3. Family Literacy: This program uses a comprehensive, multi-dimensional approach to empower the entire family. It aims to strengthen the literacy base of everyone in the family and uses early childhood, parent education, adult education, parent-child time, and related support services.

Several programs in South Carolina use a combination of one or more of these three programs or an eclectic approach to provide parent education / family strengthening.

Several challenges and how they are handled impact ultimate program success. Eight challenges particularly relevant to South Carolina are

1. having a clear understanding of what parents / families want to accomplish.
2. making decisions based on each family's needs and ensuring that families are involved in this process.
3. achieving high fidelity with program design. If a program lacks quality staff and fails to adhere to program quality standards, it is likely to fail in its mission to engage families.
4. keeping accurate records and related evaluation documents.
5. developing and maintaining a client base that matches the program's purpose and function.
6. providing staff with continuing education, mentoring and supervision as part of their professional development.
7. engaging the services of culturally knowledgeable and responsive staff.
8. providing for strong program leadership and continuity of funding.

First year impacts seen in many South Carolina programs: Three elements that show a positive impact of the parent education/family strengthening programs are

1. Increased parent knowledge of child development and more positive parent-child relations as observed by parent educators. The program effectiveness reports (PERs) from the programs show that some programs have achieved this positive outcome.

2. Increased parent participation in parenting programs as noted by the parents themselves on various parent evaluation forms.
3. Increased awareness by most parents of community resources available to help them strengthen their families.

Finally, to better use promising practices in early childhood parent education / family strengthening projects, the following are recommended:

1. Use needs, existing resources, and identified gaps as delineated by the parent-family-program team to provide a foundation for designing and refining programs.
2. Design procedures for selection of high quality staff and for training and continuing education.
3. Plan for on-going parent and family engagement in leadership training.
4. Carry out periodic fidelity checks to assure that the program is faithful to the criteria of the selected model.
5. Employ multicultural staff who will conduct parent sessions.
6. Include multicultural and anti-bias training in staff and parent program sessions.
7. Create task completion planning to assure that personnel are indeed achieving their functions.
8. Implement higher-dosage and more intense program services where needed to address a family's specific situation.

# Parent Education / Family Strengthening

## *First Steps Effective Practices Report*

### OVERVIEW / INTRODUCTION

**The research has become overwhelmingly clear:  
Parent involvement – and that means all kinds of parents –  
improves student achievement.”**

- Henderson and Berla, 1994

Most people would agree with what has almost become a mantra in early care and education, “Parents are a child’s first and most important teacher.” Strong families and capable parents support their young children’s readiness for school by creating home environments that are warm and nurturing, and that provide opportunities for meaningful learning. Parents and family achieve this positive influence on young children through their caring and nurturing, bonding with the children through many attachment experiences, encouraging children’s exploratory learning, making provisions for the child’s safety, health, and security, and by making sure the child’s preschool years foster inquiry and growth. However, due to the many stressors today’s parents and families experience, and due to the lack of positive parent and family role models in the larger society, poor parenting and high-risk family situations threaten many children and families with low support resources. Thus, many programs seek to educate and provide support services and related resources to empower parents to be more effective in their parenting and family functioning roles.

The intent of this paper is to briefly describe the families whose children are likely to be assessed as “not ready for school” and the prevalent parent education/family strengthening programs funded through South Carolina’s First Steps to School Readiness initiative as documented with Program Effectiveness Reports (PER) and the Planning, Implementation and Evaluation documents (PIE) which provide the basis for all the South Carolina First Steps to School Readiness data used in this report. The various parent education / family strengthening programs face significant challenges in recruiting, relating to, and empowering families and children in high-risk situations. These challenges are reviewed and related to some of the key issues faced by programs in South Carolina First Steps to School Readiness. Also, three early childhood parent/family education and strengthening models are described as happening in South Carolina First Steps to School Readiness projects and related to the realities that have required local community adaptation of these model programs. Additionally, this paper will highlight the association between recommended best practice found in research and the current characteristics and activities of the South Carolina First Steps to School Readiness funded programs and relate

this information in a way that programs and practices might use to strengthen their efforts to empower and change parents, families and children.

## KEY CONCEPTS AND DEFINITIONS

Parent Education / Family Strengthening programs now number in the thousands, giving testament to the cultural belief that parenting and family functioning are indeed very important in our society. This section of the report includes definitions of two of the most common terms. Additional terms and definitions are provided in an Appendix.

The terms *parent education* and *family strengthening* have multiple meanings depending upon the purpose and context. Parent education is the intentional effort and process to engage parents in learning experiences where they enhance their knowledge, skills, and attitudes as related to parenting (Powell, 1998). It is a process where professionals and parents collaborate in ways that empower each other to strengthen their nurturance of children, families, and other adults in children's lives.

Parent education content is usually focused on three dimensions of parenting: child development and learning, the parenting process, and family functioning issues (Martin & Colbert, 1997). Further, contemporary constructs of parent education emphasize the empowerment process where parents play the key role in articulating their needs and strengths, selecting and co-planning particular topics, and taking on leadership roles in educating other parents (Swick, Da Ros, & Kovach, 2001). An effective parent education program promotes parental changes in their parent-child relationships in ways that lead to better child outcomes. For example, in the Parent-Child-Home program a key goal is to engage parents and other family in shared literacy activities with the child, enhancing and enriching the parent-child relationship for further rewarding involvement] (Levenstein, Levenstein, Shiminski, & Stolzberg, 1998).

Family strengthening is a process where parents, children, and family are nurtured and enhanced in their efforts to negotiate issues and challenges in positive and growing ways (Garbarino, 1992). Strategies include economic, social, educational, legal, health and medical, psychological, and other support resources. Some of these strategies include parent education, but many involve enhancing access to materials or programs, such as addiction recovery interventions, economic assistance, or housing improvements. An important part of the family strengthening approach is the integral role of the family in shaping and relating these supports and strategies to their lives in ways they see as meaningful. For example, families who are struggling to free themselves from the tyranny of a battering former family member require supports that they choose and can incorporate into the way their family lives. Both an asset-approach and strengths-based perspective provides the family-strengthening construct with the needed basis for crafting parent and family empowerment (Dunst, Trivette, & Deal, 1994).

Regardless of how a program describes the services, whether as parent education or family strengthening, successful programs empower families by working *with* families rather than doing something *to* or *for* those families. Successful programs engage parents and other key family members in a change process that respects the family member as an active participant in deciding

the content, duration and intensity of services and support this program/family partnership with sufficient resources (Dunst C., Trivette, C. and Deal, A., 1994). *South Carolina's First Steps programs should be committed to the family empowerment process.* For example, a young mother tells her story of how the family literacy program helped her acquire the GED and thus further strengthen her family (a South Carolina First Steps Program, February, 2002).

---

*I am the first mother in my neighborhood to complete the GED – but many more will because I have set the example. They see how my education is helping me and my children. My children are proud of me and studying harder in school too! I have a new and better job and I am going to night school at the technical center. This is helping me and my family in ways I could not have expected – without the family literacy center it would not have happened.*

---

## **SYNOPSIS OF ATTRIBUTES OF SOUTH CAROLINA FIRST STEPS TO SCHOOL READINESS FAMILIES**

While there are no “typical” families, those adults that fall into the category of needing parent education and family strengthening services have at least one, and most often several, of the following characteristics:

- Poor, unemployed or under-employed
- Low literacy and/or educational attainment
- Under-resourced in terms of parenting energy and skills (i.e. teen parent, single parent, parent of more than one child under three, working parents)
- Unsuccessful in school themselves
- Speak English as a second language,
- Have themselves, or immediate family members, experienced substance abuse, domestic violence, child abuse and neglect, or incarceration
- Have a special needs condition within the family (themselves, their child, or another family member)
- Is raising a child without the involvement of either parent (foster child, grandchild).

Although families may face challenges such as those listed above, most families have strengths and assets that contribute to their resiliency and ability to change. For example, many parents



love their children very much and thus enhance the parent and child early bonding; Families are also adept at maximizing their limited resources. A family's validation by project staff empowers them to further work toward achieving their educational and family goals.

## **A DESCRIPTION OF PROMISING PRACTICES IN MODEL PROGRAMS FOR EARLY CHILDHOOD PARENT EDUCATION AND FAMILY STRENGTHENING**

First Steps is intended to help all children enter school prepared to be successful. However, addressing the critical school readiness needs of children and their families who are in high-risk situations is a major focus of the Initiative. In South Carolina First Steps to School Readiness parent education/ family strengthening projects, a variety of program models are used to meet this diversity of needs. In some cases, intensive and comprehensive program services are delivered to families. In other cases, broader but less intensive services are used to support continued growth in families and to hopefully create a buffer from dysfunction for families seeking that strength. In a few cases, counties have constructed various programs to address the broad needs presented by families from all walks of life. A blending of approaches may be ideal because it empowers families throughout the community. This is also symbolic in that one model of parent education / family strengthening does not necessarily meet the needs of all children and families. Figure A may be helpful in understanding the range of services that families need. The Figure illustrates a continuum of program intensity, from 1-8, that may be needed to successfully engage parents and other family members in a process of growth and change. As noted, parents with adequate resources and few stressors, may desire programs, provided by adequately trained staff, that provide information regarding child development, recommendations for parenting and opportunities for parents and children to experience stimulating and educational activities together. Parents who are more challenged, either by limited resources (e.g. low paid/part-time employment, lack of family support, etc.) or by additional stress (e.g. lack of reliable, quality child care, undesired pregnancy, etc.) need more intensive and flexible intervention offered by highly skilled professionals.

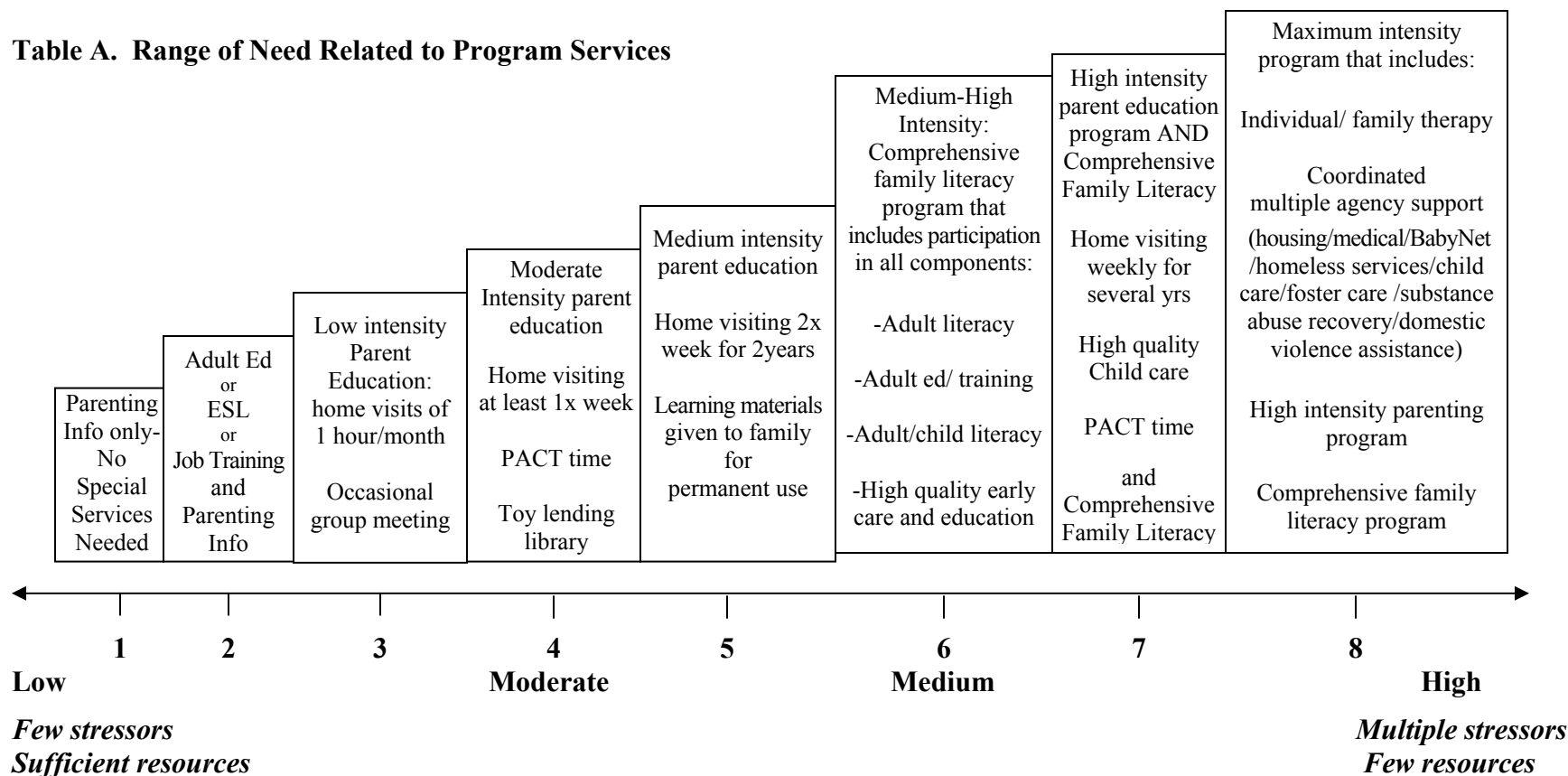
The following terms are used to identify the differing levels of program intensity:

- Low-level Intensity Programs (1-3) may offer child development information and activities to parents, such as joint experiences at the library, museum or zoo. Job training and adult education services, when offered without other collaborations are also viewed as low intensity. Low intensity home visiting programs typically visit parents for an hour a month, bringing information, conducting assessments and making referrals. Additional time might be spent interacting with parents and children through group celebrations or meeting, also offered approximately once a month. This level of intervention may prove helpful to parents with moderate to high resources and fairly low (i.e. one or two) stressors.
- Ideally, Moderate Intensity Programs (4) conduct sessions with families on a weekly basis. Additionally, they provide opportunities for families and children to gather together in an educational setting. This is known as Parent and Child Together Time (PACT) time. PACT time was one of the critical program elements cited for success of the Kenan Family Literacy Model (prelude to the Even Start Model). PACT time, in this particular program, was

designed for parents to eat lunch together with their child everyday at the child's school. This offered parents the opportunity to interact and guide their child through a meaningful routine and establishing quality relationships. As with all parent education /family strengthening programs that are of moderate to high intensity, assessment and referrals are a mainstay. Additionally, in Moderate Intensity programs, toys and materials are provided through a toy lending library, which allows families to use educational materials that are then returned to the program. Parents with moderate means of support/resources and who face challenges that are not overwhelming are able to access program components.

- Medium Intensity Programs (5) are those that have increase and sustained contact with parents, including twice a week interactions that are provided for more than one year. During these weekly visits, family educators demonstrate appropriate use of learning materials and positive verbal interaction between adults and children. Trained family educators also provide meaningful feedback to parents to optimize the parent/child relationship. Additionally, medium intensity programs assess and refer children/families for services. Finally, these programs make a concrete difference in the educational environment of the home by purchasing learning materials that stay with the family. Parents with limited resources and challenges that are not overwhelming often need this level of intensity which provides them a consistent, nurturing relationship needed to improve their own parenting skills.
- Medium to High Intensity-Comprehensive Family Literacy Programs (6) are programs that offer an array of services that are provided through four components. Participants are required to participate in all four components, which include adult education, adult literacy, adult and child literacy activities and quality early care and education programming. The uniqueness of the comprehensive nature of these programs helps insure that parents experiencing multiple stressors and who have limited resources are able to adequately engage in program components that work together to ensure success.
- High Intensity Parent Education and Family Literacy Programs (7) are, ideally, programs that provide the necessary resources for families that are over-burdened and have few resources. In addition to the four components of a comprehensive family literacy program, these programs offer parenting education and family strengthening services of sufficient intensity and with adequate resources to meet the needs of children and families living in long-term, high risk situations.
- Maximum Intensity Parent Education and Family Strengthening Programs (8) offer an array of comprehensive services that are provided through active and meaningful partnerships between agencies and funding sources. Services include individualized therapy such as those required by children and families victimized by violence (e.g. domestic violence, sexual assault, refugees of foreign wars/insurgences, etc.), substance abuse, multi-generational poverty and illiteracy, and other seemingly insurmountable challenges. Additionally, services are available for sufficient duration and in a manner that honors the humanity of those with the least while offering sustained hope through meaningful intervention. Specific and frequent guidance is provided relative to parenting skills and techniques. Programs view themselves as abuse and neglect prevention programs. Highly skilled family educators utilize multi-prong interventions to engage over-burdened families with minimal resources in an ongoing relationship that empowers the family.

**Table A. Range of Need Related to Program Services**



Resources include: transportation, financial stability, safe housing, food and related basic-life support items, non-violent and supportive family relationships, access to affordable and high quality child care, access to preventive and healing health care (including physical, dental and mental), ability to converse in English, completion of secondary education, functional literacy, and job skills that correspond to job availability and career advancement.

Stressors include: lack of transportation, low pay/unemployment, inadequate housing, violent relationships and living conditions, lack of quality child care, poor health and limited access to health care, limited English, education, literacy and/or job skills, undesired and/or difficult pregnancies, lack of parenting knowledge, raising a child without the involvement of a parent, substance abuse, family members with special needs or who are incarcerated.



In response to these needs, the Office of First Steps has funded fifty-six parent education and family strengthening programs in twenty-seven counties in South Carolina. See Appendix A for county specific data. *These programs include:*

- Twenty-three Parent as Teachers (PAT) or 40% of all parent education and family strengthening programs,
- Eight Parent-Child-Home Program (PCH) or 14%,
- Five PAT and PCH combination programs, 9%,
- Six (11%) comprehensive Family Literacy programs,
- Four (7%) English as a Second Language, and
- Eleven (20%) other programs that are eclectic or one-of-a-kind type programs.

As noted, most of the First Steps funded parent education/family strengthening programs are based in one of three nationally recognized model programs – Parents or Teachers (PAT), Parent-Child-Home, and Family Literacy, or combinations of these three models. Combination models often are created to better serve a diverse population. The three models, which represent the majority of South Carolina First Steps to Readiness programs and therefore are the only ones utilized for this report, are described in further detail beginning on page 17.

While it is extremely important for practice to be based in research proven effectiveness, there are inherent challenges in using any model. Hayes (2000) suggests that one the reasons research has not shown strong outcomes from some of the family literacy programs is that there may be challenges in implementation, rather than design. Additionally, some models may have been developed and tested in a different era, when there were different social resources available to young children and families. Some of the challenges that programs may face are mentioned below in describing the characteristics of the program, the participants and program-participant interaction. Others are discussed in further detail in the challenges section.

### **PARENTS AS TEACHERS (PAT)**

- Seeks to assist any parent in attaining and using child development knowledge and skills
- Uses variety of program content and delivery systems
- Number of home visits varies depending on program goal and family need.

### **PARENT-CHILD HOME (PCH)**

- Focus on child's cognitive and language development and mother-child relationship
- Offers twice weekly home visits
- Provides learning materials that are gifts to the family and remain in the home

### **FAMILY LITERACY**

- Enhanced by comprehensive use of four elements
  - Quality early care and education
  - Adult literacy
  - Adult/child literacy activities
  - Adult ed
- Parent participation in all four elements is required
- Program enhances parent self image and self-confidence.

## A FRAMEWORK FOR EXAMINING THE PARENT EDUCATION / FAMILY STRENGTHENING MODELS AS BEING IMPLEMENTED IN SOUTH CAROLINA

In order to understand the impact of these different parent education/family-strengthening strategies, we have described each of the models *and* the implementation of these models by examining the recommended and the actual (1) program characteristics, (2) participant characteristics, and (3) characteristics of program-participant interaction.

*Program characteristics* that are relevant include information about the program's approach and program staff. In describing the program's approach, we look at the following: (a) the program's theory of change and the program goals, (b) the target of services (What about the child or adult is the program trying to change?), (c) the curriculum or activities that the program provides, (d) the method of delivery for those services (i.e., through home visiting, group meetings, classes, etc.) and (e) the amount or dosage of the service (e.g., 1 hour home visit per week).

Characteristics about program staff include (a) the amount and type of training, both pre- and in-service, (b) the program/staff relation/infrastructure, which describes such things as caseload.

The *recommended practice* is for program staff to have a clear and realistic understanding of *what* they are trying to change in parents and/or children, have the skills, understanding and personal characteristics to implement *change strategies* as well as share an appropriate *curriculum* covering child and family development, and provide sufficient time, effort, and *resources* to *meet the needs* of the participants for which the program is designed.

One of the *challenges* that programs have is understanding that home visiting is merely a way of delivering services; it is not the services themselves. Additionally, there is more to home visiting than delivering toys, books, or child development information, as all of these things could be conducted more efficiently through mailings. An additional challenge is choosing the correct curriculum to utilize with families and young children. For example, since PCH is designed for use with children ages 2-3 years of age, it would be inappropriate to use this curriculum for younger or older children. The same is true for Effective Black Parenting, a curriculum used by at least one First Steps to Readiness program. This curriculum does not have an infant-toddler component, so a program serving children birth to five would need to supplement this with additional curricula designed for children under three years of age.

*Participant characteristics* often referred to describe the children, parents and/or families that research has identified as those most likely to benefit from well-implemented and well-designed parent education/family strengthening programs. This is often referred to as the target group. For the major First Steps parent education and family strengthening models, the target group includes characteristics of children who are of low-birth weight, developmentally delayed or who have other special needs, those that are being raised by someone other than their parents, and those who have been referred for help by parents, teachers or other professionals. Adult characteristics include parents with limited income, with low literacy or low English proficiency, low educational attainment, and those who are experiencing high stress due to such things as being a single parent, as disabled parent or a teen parent, and those who have a history of abuse and neglect or domestic violence. Family characteristics include those families who do not have

sufficient literacy materials in the home, those families under stress from having a special needs/seriously ill person in the home, a family member who is incarcerated or who have recently migrated or have had frequent changes in housing.

The *recommended practices* regarding participant characteristics are to not only recruit families with certain risk characteristics, but to assess the parent/child status and needs at the time of enrollment, *and* match this information with program elements of service. Naturally, families' situations often change, so providing a means to update this information over time is important.

An *implementation challenge* that programs may occur when a program identifies parents using a broad based county assessment scheme that overlooks the individual needs of parents. Unless the program services clearly meet the needs of the family, as perceived by the family, successful engagement of that family in program elements will be difficult. Another engagement challenge is that often parent education / family strengthening programs are housed in schools and many parents have not had positive experiences with schools when they themselves were students. Additionally, many parent's work schedule may not be regular or allow them to be home during normal working hours (i.e. 8 a.m.-6 p.m.).

*Characteristics of program/participant interaction* include descriptors of how the program recruits families, how services are accessed (home delivered, in neighborhood centers, at times available for working families) and how families are meaningfully engaged in the process of change (e.g., Are family needs matched with program services? Do families have input into program decisions that affect their involvement?).

The *recommended practice* is for programs to successfully engage families in the program components and provide alternative experiences for the children in the program. It may be unrealistic to think that a family who has multiple stresses and few resources (either internal or external) can overcome these challenges and substantially change the way that they have functioned for years through sessions or visits of two hours a week and an hour-long group meeting (the maximum interaction of any of these programs). *A key element of all the successful programs* is one where children are provided the opportunity to experience high quality, stimulating learning environments and interactions with warm, consistent and nurturing adults. For many families, particularly those that live in high-risk neighborhoods, quality early care and education programs offer their children the only opportunity to learn in a safe, stimulating and nurturing learning environment. Indeed one parent in a family literacy program says:

---

***Beyond the wonderful parenting and adult education opportunities I found my child learning so much from the teachers. And during parent-child time I learned new ways to be more positive with my child and ways to see myself as a more supportive and patient parent.***

---

The *challenges* to program implementation according to the model often stem from program personnel underestimating the fundamental need for the participants and the staff to clearly understand what is expected of them in the change process, the amount of time, effort and resources that are needed to make meaningful changes in behaviors of parents and/or children, and the need for in-depth training and ongoing mentoring and supervision to support such an effort.

## **BRIEF DESCRIPTIONS OF THE PREVELENT MODELS AND THEIR IMPLEMENTATION IN SOUTH CAROLINA**

### **Parents As Teachers (PAT)**

Grounded in the research of Burton L. White (1988) and allied field-researchers in Missouri, the *Parents as Teachers (PAT)* program (Pfannenstiel, 1999) has the goal of providing parents of all children, from prenatal through age five, with quality parent education and family strengthening experiences. It is based on the philosophy that parents are their children's first and most influential teachers. The belief is that parents who gain knowledge and skills in understanding their children's social, language, and intellectual development will be more effective in helping their children develop and learn. This belief is based on Burton White's work in several research projects at Harvard University that showed healthy parents and families promoted children's social competence, enhanced their language development, and encouraged their children's curiosity about the environment (1988). In South Carolina, half of the parent education/family strengthening programs use the PAT curriculum, either solely or in conjunction with another curriculum (Parent-Child Home described below). The target group is designed for all parents in the community and includes parents and families from diverse backgrounds and needs. While it is true that any family may become at risk, many programs have targeted those parents and children who are currently at risk. In recent years PAT programs have developed specialized program emphases depending on the "target" group of parents. For example, there is a PAT program tailored to the needs of teen parents. In South Carolina, PAT programs tended to identify parents as the target of service rather than the child. One First Steps program targeted only teen moms, one program targeted all newborns at a major hospital, and one program specifically targeted Hispanic families. Several programs indicated that they did not use any specific screening instrument. Rather, programs offered services on a first come, first serve basis.

The curriculum is based on the needs of children as well as parenting and family needs. It includes learning experiences in all of the areas of child development (affective, language, social, intellectual, and motor-perceptual), as well as parenting skills and content. Again, specialized program topics and resources may focus on teen-parents or parents with other special needs. Home visits are often chosen as a delivery system to support family learning for parents and families who lack transportation or are unable to attend because of work schedule or other obstacles that preclude parent attendance at school sites.

The curriculum is delivered via personal visits and group meetings. Included in the curriculum/program are child assessments and parent/family referrals as dictated by home visitor



assessments. Parents may participate in the program as long as they see the need for education and support and may elect to participate in different components as they see the need.

Local resources and program philosophy determine the dosage of services as well as the needs of families. Various programs provide different content to support family strengthening. For example, home visits typically focus on goals related to increased parent-child interaction, language and cognitive development, and other activities like improving the health and nutrition of all family members. Home visits might occur weekly, monthly, or otherwise as the need dictates. One half of the First Steps PAT programs offered families 1 hour per month in home visiting services. Home visiting services offered by approximately 20% percent of the programs ranged between 2-3 hours a month and 12.5% offered 8 hours a month per family. One program did not offer home visiting as part of their PAT program. Several programs stated that they provide home visiting according to PAT recommendations. Since PAT recommends that the amount of home visiting a family receives should be determined by the need of the family, this statement in the PER did not provide any specific data. Group meetings typically occur twice a month for an hour each meeting, but this varies in each program. In South Carolina, approximately 25% of the PAT programs held group parenting meetings twice a month and 31% held meetings monthly, although one program indicated that only one parent attended each of the meetings.

Staffs are certified parent educators who are trained in child development and home visiting curricula. Many of the parenting curricula, such as PAT and PCH have their own curricula certification training requirements. Consequently, being a “certified” parent educator typically means that one is certified in a specific curricula. Additionally, some staff may have degrees in early childhood education while others may have parenting education certificates of study. One hundred percent of the staff providing PAT programming for First Steps indicated that they were trained in the PAT Born to Learn curriculum, which consists of 48 training hours. Additional specialized training such as for the PAT 3-5 year old curriculum, the PAT Teen Parent curriculum or the curriculum for Families with Special Needs are an additional 16 hours. PAT personnel are required to attend training each year for re-certification. This training ranges from 10-20 hours, depending upon years of experience in the program. In South Carolina, 37% of the PAT staff has a Master’s Degree, 31% have a Bachelor’s Degree, 17% have an Associates Degree’s. Caseloads varied greatly from a 1:4 ratio in one program to a 1:40 ratio of staff to families in another. Most PAT programs ranged between 1:10 and 1:20 for caseloads.

Program participants vary in each community but may represent a cross-section of parents and families of children prenatal through age 5. Parents may have very specific needs (e.g., having a special needs child) or may simply want parent information and access to early childhood services for their children. In practice, approximately 50% of the South Carolina First Steps to School Readiness PAT programs either did not report on specific characteristics of the recipients of service or reported only on ethnicity in their Program Effectiveness Reports (PERs). Of those reporting, First Steps PAT programs tended to serve individuals who were single parents and those with low incomes and low educational attainment. It was not possible to assess the percent of individuals served with these and other characteristics as the data for many programs included duplicated numbers, possibly as result of documenting multiple risk characteristics. In South

Carolina, based on information available to the authors at the time of this report, the twenty-two First Steps PAT programs served 1,145 adults and 1,198 children.

Parents and staff interact in different ways depending on the intensity of parent participation, which is dictated by the parent. Some parents may be intensely involved in the personal visits and in the group meetings – and may be involved in family services as referred by the parent educator. Other parents may be less involved and interact mainly in the group meetings and take advantage of the child assessments and services. Certainly, successful engagement of families is critical to the success of any parent education / family strengthening program. Community support is important for PAT program success in each community. Local professionals in health, medicine, education, and social services must make their services available through collaboration. In South Carolina, sixty-eight percent of the programs were extensions of existing efforts and thirty-two percent were new efforts. This issue means that existing programs are using South Carolina First Steps to School Readiness funds to serve families that would otherwise be unable to participate. Existing programs can utilize well-trained staff to expand their efforts.

Program impacts appear positive but no causal experimental studies have documented comparative analytic findings. Descriptive statistical and quasi-experimental studies suggest positive influences of PAT on children's school entry performance. For example, Pfannenstiel (1999) reports the following:

Among children who were home-based prior to kindergarten, those who participated in PAT and received home visits are the highest scoring children. They score at average and above average levels of performance on all scales and are rated by their teacher as having average preparation for kindergarten. Parents who participated in PAT and stayed home with their child, read to their child significantly more frequently – and their children are above average in their preparation for kindergarten. None of the types of home-based-only experiences described by parents for this study result in school entry performances that are meaningfully above average. (p. 13)

Notably, research indicates that the combination of PAT with high quality preschool center experiences is the most powerful venue. Again, Pfannenstiel (1999, p. 14) notes: "The highest performing children are those who participated in PAT combined with preschool, center care, or both experiences. These children score about one-third standard deviation above average; they score significantly and meaningfully higher than those children who only attend preschool. Again we are cautioned to note that program implementation may include challenges such as

proper funding, effective staff training, and adequate caseloads. Previous evaluations of the PAT (Pfannenstiel & Seltzer, 1989) noted that the program has many positive outcomes:

- Children who participated in the program showed significant gains over their peers (who did not participate) in language, social development, problem solving, and other intellectual abilities.
- A follow up study completed in 1989 (Pfannenstiel) showed that PAT children scored significantly higher on standardized measures of reading and math achievement in first grade.
- PAT parents show gains in child development knowledge and report improved parent-child relations as a part of their participation in PAT.

Finally, a recent evaluation of the PAT home visitation program component (Wagner, Spiker, Gerlach-Downie, & Hernandez, 2000) with an emphasis on examining parental engagement and the strategies used by parent educators to achieve such engagement showed that every parent has unique situations, that parent educators' personal and professional skills and training are key to increasing relevant parent and family engagement, and that multiple strategies and combinations of strategies are most effective or theorized to be most effective in engaging child, parent, and family.

Yet, the positive findings of PAT need to be considered in context; that is, no true experimental study has been conducted on PAT families. Further, there are so many qualitative variables that influence the growth of children and parents that research findings always need to be reviewed with caution. Assessments of PAT in South Carolina First Steps to School Readiness needs to consider local emphases as related to children's school readiness. For example, in one county, South Carolina the First Steps to School Readiness Program component on PAT shows that the home visits are quite useful in reaching poor, single parents in rural areas where parents are not likely to travel to the group meetings.

### **Parent-Child Home (also known as "Mother-Child Home")**

The Parent-Child Home program (PCH) is a home-based parent-toddler verbal interaction method developed by the Verbal Interaction Project (VIP) in 1965. It is based on a broad theoretical and empirical foundation drawn from the fields of anthropology/linguistics, philosophy, psychology, and sociology. This foundation is the concept that human beings are capable of conceptual-symbolic thought, and that this capability begins in the latter part of the second year of life (Levenstein, Levenstein, Shiminski, & Stolzberg, 1998).

The goal of the M-CHP (and thus the PCH) is to increase children's cognitive and language development through educating and increasing mothers' verbal interactions with children (Levenstein, Levenstein, Shiminski, & Stolzberg, 1998). The target group is low-income mothers of toddlers who typically have restricted cognitive and language development. Low-income, high-risk poverty families often have less sophisticated language systems and tend to use language and verbal exchanges much less than middle or upper income families. Indeed, recent research by Hart & Risley (1995) showed a link between the amount of parent-child verbal

interaction when the child is between 10 and 35 months old, and the child's cognitive performance at age eight years.

As noted by Levenstein, Levenstein, Shiminski, & Stolzberg (1998) the curriculum is cognitively focused:

The program's cognitive curriculum was derived from theories and empirical studies of investigators whose work had influenced the program at its inception. At its core are Vygotsky's links between thought and language; Bruner's construct of "instrumental conceptualism," the ideas that concept formation is fostered in the two and three year old child through the interaction of the child's experience with language; and Sigel's "distancing hypothesis in which the promotion of representational competence is given tangible meaning through the child's and parent's play focused around books and 3-dimensional toys as representations of reality, besides being intrinsically motivating curriculum materials. (p. 269)

The delivery system is the home visit method where trained parent educators/home visitors educate and engage the mothers in specifically designed home learning activities using designated toys and related literacy materials to then increase parental verbal interactions with their toddlers. While the intensity of home visitation certainly varies, *the desired intensity is represented by the Pittsfield implementation schedule* which was 46 semi-weekly, half hour home sessions spread over seven months in each of two years. One hundred percent of the First Steps PCH programs matched this intensity by providing two home visits of 30 minutes each week to the families. All of the local programs are designed to serve families for twenty-three weeks a year for two years.

The staffs are paraprofessional or volunteer home visitors (often called Toy Demonstrators [TD]) trained to model positive verbal interaction curricula around books and toys. They write Home Session reports, meet with the Coordinator for weekly group guidance and occasional individual sessions, and work with the parents in a close but focused manner. Staffs of First Steps to School Readiness PCH programs, which provided data on the level of degrees included two Master, level individuals, six with Bachelor degrees and three with high school diplomas. One hundred percent of the staff have been certified in PCH, which entails three days of mandatory training, with one of those days conducted as follow-up training. Additionally the national program offers two years of technical assistance to new sites.

According to the PCH national office, participants in the program have the common attribute of being poor and limited in language skills as well as low in overall literacy skills. They also have a willingness to participate in this intensive home-based early childhood verbal interaction project. In South Carolina, seven First Steps to School Readiness PCH programs worked with 231 families (Data from the eighth program was incomplete.). Community support comes mainly

in the form of a local sponsor such as a school, early childhood program, community agency, or combination of groups. Yet this program is more of a single-dimension, very focused program strategy. Only one of the First Steps to School Readiness PCH program was considered as a new effort, the other seven were expansions of existing programs.

Program impacts The findings on this program, from national research on the program model, suggest that the main benefactors are low-income toddlers who are most at-risk for failure and chronic social and educational dysfunction, and whose mothers were highly engaged in the verbal interaction home visits. Program results show that low-participant mothers had little significant impact on their children's language and cognitive development. But high-participant mothers' children show significant cognitive and language gains. Studies by Royce, Darlington, & Murray (1983), Scarr & McCartney (1988), Levenstein & O'Hara (1983, 1993), and Levenstein, Levenstein, Shiminski, & Stolzberg, 1998) indicate that children of high-participating mothers make short and long term cognitive and language gains and that the mothers' show significant gains in the quality of their verbal interactions with their children. However, as will all parent education / family strengthening programs, when the program is design is distorted, staff lack training, or parent participation is very low – results are not as promising. Thus, variables related to positive impact of the program appear highly interrelated with the integrity of program implementation: staff capabilities, staff loads, curriculum implementation fidelity, and adequate parent involvement in the program treatment. As a mother who participates in one of the parent-child home visit programs supported by South Carolina First Steps to School Readiness notes:

---

*My home visitor really helped me understand how important it is for me to talk and interact with my child every day. She showed me ways to accomplish this with some games and literacy materials. I am doing these things (I read every day to my baby) and I can tell you my baby is talking more and I am interacting with her more.*

---

### **Family Literacy**

The Family Literacy program approach is based in the work of the *Kenan Family Literacy Program* and is based on the theory that the combination of early childhood education, parent education, parent-child time, adult education/training and job skills, and family services – when delivered effectively early in the life of families and when families fully participate - can positively influence parental, child, and family quality of life indicators (Brizius & Foster, 1993). The philosophy of change in this approach is that parents and families are more likely to

positively influence their children's school readiness when they as parents and family improve their own education, learn how to more effectively interact with their children, engage their children in quality preschool programs, and receive and then apply new knowledge about parenting (Brizius & Foster, 1993).

The goal of the family literacy program approach is to intervene early in the life of chronically poor, undereducated families and thus disrupt this cycle of poverty, illiteracy, and school and life failure – empowering parents, children, and families to become successful learners and key contributors to society (Brizius & Foster, 1993). The target group for most Family Literacy programs (particularly the Even Start programs) is parents, children, and families during the 3-4 years age-range who are poor, undereducated, and considered high-risk for school and life problems. Most of the parents lack a high school diploma and/or are functionally illiterate. In most cases, the parents and children also are experiencing many other family stressors (St. Pierre et al. 1995). It was the goal of all First Steps Family Literacy program to ensure that participants had at least 18 hours of “seat work” or time spent in the program working on their skills.

The curriculum of Family Literacy is multi-disciplined and multi-faceted including the components: parent education, high quality early childhood education, adult education/literacy and job skills training, Parent and Child Time (PACT), and family support services (Brizius & Foster, 1993). Each component this curriculum is briefly noted.

**Parent education.** The focus is on enriching parents' understanding of child and family development, parenting, and on enabling parents and family to be skilled in using this information to empower their parenting. Three of the six First Steps to Readiness Family Literacy programs utilized PAT with their families (one combined PAT and PCH, one added MotherRead and another added the Creative curriculum to their programming). Two programs did not specify a parenting curriculum per se and the sixth program utilized a prescriptive intensive video-based curriculum developed by a national expert.

**Early childhood education.** Family literacy programs use various forms of early childhood education. The desired quality program has certified early childhood staff, uses a High Scope or equivalently high quality curriculum, has adequate child-staff ratios, and generally seeks to meet the quality indicators set for by the National Association for the Education of Young Children. Data from the First Steps Family literacy programs regarding early care and education services varied greatly, with one program partnering with public school 3K and 4K programs while the other programs provided child care only during the hours that adult programming was available. Research from the Abecedarian project (Ramey & Ramey, 1992) has indicated that poor quality childcare is damaging to the development of young children who are already at risk for less than optimal development. Although it is commendable for Family Literacy programs to include early care and education services in their view of comprehensive intervention, clearly these services need to be more than babysitting. Several projects mentioned that parents would gain an understanding of appropriate child rearing practices from interaction with the early care and education program, yet the staffs of the child care program were described as individuals hired on a per hour basis, at least 18 years of age and having a high school diploma. There is little in this description that would lend itself to consideration of these individuals as mentors to individuals struggling in their role of parenting.

**Adult Education/Training and Job Skills.** The focus is on helping parents achieve the high school diploma or GED, needed ESL education, post-high school training, and other job skills that will strengthen their parent and family functioning.

**Parent and Child Time (PACT).** This is an especially designed guided time where parents and children plan and carry out a learning activity related to an educational theme and using literacy materials in an effective way. The idea is for the parents and children to establish new and or enriched shared-learning habits and skills and transfer these into their home learning encounters.

**Family Support Services.** Family Literacy programs recognize that parents and children need to be fed, housed, and in situations that allow and encourage them to learn and grow. Thus, needed health, medical, nutrition, educational, social, and other key basic needs services are provided directly or through a well planned and organized referral system.

The delivery of family literacy services happens in many ways but the *Even Start design* promotes an integrated, connected means of service delivery where parents, children, and family can access needed services within a unified system. Family literacy is unique in that services are individualized to meet specific child and family needs. They also offer a full array of supports. Finally, the multiple components are integrated by staff who work collaboratively to achieve needed services. A team effort advances the joint delivery of services (e.g., adult education is fully integrated with the early childhood and all other services). Or, in many communities where this design is not feasible, several community groups collaborate to develop a unified structure where parent education, early childhood education, adult education/job skills, PACT, and family services are offered in a unified and integrated fashion (Brizius & Foster, 1993). A staff member in a Family Literacy program in a South Carolina First Steps to School Readiness project comments on the value of this integrated family literacy approach:

---

*What is so powerful about the integrated, unified delivery of parent education, high quality early childhood education, parent-child time, adult education, and family services – is that the essentials of literacy for families is happening in a meaningful but connected and systematic way. In every component of the program similar literacy activities and concepts are happening!*

---

Staffing of family literacy projects is widely varied but again the *Even Start* model offers a picture of how many programs are handled. Most Even Start programs have a project coordinator and three to five staff skilled in early childhood, parent education, child development, adult

education, and related early childhood intervention skills. Programs vary in level of skill and certification of staff but federal early childhood initiatives are establishing benchmarks that all staff be professionally trained and certified by 2004 or 2005 in order for the program to receive federal funding. Additionally, it is common for programs to use multiple funding sources, varied collaborative staffing arrangements, and innovative staff usage structures to meet the needs of high-risk families. South Carolina First Steps to School Readiness Family Literacy program staffs ranged from child care providers with high school degrees to highly trained social workers.

Participants in Even Start, like family literacy projects, are characterized by St. Pierre et al (1995) as: a true cross-section of seriously disadvantaged two-parent and single-parent families, a high percentage of teen and very young parents, over 90 percent fall below the federal poverty guidelines, approximately one-third are ESL parents and children, about 10 percent of the children have a disability, and over 80 percent of participating parents seek to achieve more education and job skills (St. Pierre et al., 1995). South Carolina First Steps to School Readiness Family Literacy programs served 513 families through six programs operating in 13 sites. All the programs sought to provide services to those challenged by low literacy, limited economic support and low educational attainment. One program worked with high risk teens only.

Community support is essential to the quality functioning of family literacy programs. For example, in the national Even Start model community involvement and collaboration are required elements in funding. And, in more localized programs that Success by Six program sponsor, community and school/university partnerships are rewarded through incentive funding. Indeed, family literacy efforts are symbolic of “it takes a whole village” to educate and nurture families (Schorr, 1997). Two of the First Steps Family Literacy programs were new, the other four were expansions of existing efforts.

The impact of family literacy projects is potentially enormous, yet very complex in light of the many operational and assessment variables (Swick, 1993). While theoretical constructs predict that comprehensive family literacy during the early years of life and family formation would appear to yield very high returns, the realities and vagaries of such ambitious programs almost certainly create a situation where expectations are too high in light of the many implementation flaws (Hayes, 2000). Below the authors simply review some of the key findings noted by St. Pierre et al. (1995) as to the impacts of family literacy on children and parents. These findings speak to the potential of the family literacy model but we caution that where program design is sacrificed to the realities of pragmatic issues like lack of funding, less than optimal program / participant engagement, or less than quality staffing – then less than desired outcomes will occur. Also, the results noted such as the following generally hold only for high-participating parents and children.

- By participating in Even Start, *children's* PreSchool Inventory (PSI) scores increased at more than double the expected rate, by .91 items per month. However, children in the control group who enrolled in other early childhood programs generally caught up with Even Start children by the first grade. In effect, there was no pure control group.
- Even Start *children* also showed significant gains on the Peabody Picture Vocabulary Test (PPVT) – scoring at the 19<sup>th</sup> percentile nationally. Here again children in the control enrolled in other preschool programs showed similar strong gains on the PPVT.



- *Children* of parents who were high-participants in the parent education component of Even Start scored much higher than the controls on the PPVT.
- Even Start has a strong, positive effect on GED attainment of participating parents. It has led to a substantial increase in the percentage of adults attaining a GED. For example, data from the In-Depth study show that 22.4 percent of Even Start adults attained a GED compared to 5.7 percent of adults in control group families.
- Data from the NEIS show that adults who participate in Even Start achieve positive gains on the CASAS reading survey, gains which are comparable or greater in size than those observed in other studies of adult education program.

Of significant interest is the finding that home-based services in Even Start increased parent participation in all project activities. And, more time spent receiving services is associated with greater gains in literacy tests for adults and children. On both counts, St. Pierre et al. (1995) notes:

**Providing home-based services is a good way to increase retention. There is a strong, positive relationship between the amount of home-based services and the length of program participation. (p. 253)**

**A greater amount of exposure to Even Start's core services (i.e., larger amounts of time spent receiving core services) appears to have a positive impact on literacy outcomes for children and adults. (p. 253)**

Not surprisingly, St. Pierre et al. also found (via teacher interviews) that promising practices included using hands-on instruction with adults and children, interrelating child learning with parental involvement in adult education, using High Scope curriculum, using materials and activities familiar to adults in adult education activities, and other relevant teaching modes.

## **CHALLENGES AND LESSONS LEARNED**

Parent education / family strengthening programs in South Carolina First Steps to School Readiness to School Readiness projects are designing and implementing various activities that are potentially will help children and parents achieve great steps in the school readiness and success effort. Yet several challenges face new and developing programs in South Carolina.

First, parent education / family strengthening programs need to have a clear understanding of *what the program is seeking to accomplish* (Powell, 1998). While staff and other people closely associated with the program may have a general knowledge of the program's mission, often parents may lack this insight on what it is that they are trying to achieve. One parent in a Family Literacy program noted, "I was not aware that I could attend adult education programs. It had been mentioned to me but I thought you had to have money to do that. So now I know and I can see more clearly my role in the program,"

Second, programs need to *make decisions from the total family picture*. For example, Pipher (2002) reports that in first generation immigrant families parent educators often fail to engage the grandparents in discussions related to child care changes. This can be costly because in many cultures grandparents carry more influence than do parent educators. Parent educators and other family helpers need to be INCLUSIVE of all family in their program plans and work (Powell, 1998). Yet programs must also recognize that within any particular family, the individual members are unique and need opportunities to design and pursue their goals.

Third, a challenge very relevant to South Carolina parent education / family strengthening programs is *seeking fidelity with the program's entire design*. In effect, programs – for lack of funding or misuse of staff or resources – may not be faithful to the totality of the program design. For example, in reviewing why the Family Literacy model used in many Even Start programs was not achieving desired goals, Hayes (2000) noted that because of various valid issues, program implementation often failed to match the quality elements outlined in the design. The authors', in their work with several family literacy programs, have also noted the power of fidelity to the program model. Poorly trained staff, inadequate materials and resources, and poor leadership can short circuit a program very quickly.

Fourth, the business and work of parent education / family strengthening requires *keeping accurate and consistent records on important process and outcome activities*. Poor records on parent, child, and family participation in various program activities can destroy the basis for needed evaluation in the program. It is estimated that families need at least four face-to-face interactions with home visitors before becoming meaningfully engaged (Future of Children, 1999). This points to the importance of active pursuit by home visitors for such interaction and the need to track the number of successful contacts per family and document no-shows. Since there are high waiting lists for many programs, one strategy might be to allow for documentation of caseloads to include a listing of "inactive" families that home visitors continue to reach out to while allowing home visitors the ability to interact with other families seeking services without over maximizing caseloads.

Fifth, programs should pay close attention to recruiting and *maintaining a consistent client base (who match the desired attributes in the program functioning)*. In this sense, Powell (1998) suggests three interrelated issues that confront all parent education and family strengthening efforts: 1) recruiting and screening parents and families whom the program is designed to serve; 2) engaging these clients in desired and needed services; and 3) maintaining client involvement long enough to meet their needs and to achieve desired behavior changes. Unfortunately, many parent education and family strengthening efforts are frustrated by high client turnover. Thus, a

key to success is getting the target families engaged in meaningful activities and sustaining such involvement.

Sixth, *programs must attend to the challenge of keeping staff educated and engaged in their work*. As Brizius and Foster (1993) note, a common scenario is to educate staff, achieve some consistent high performance with the staff, and lose them to higher paying positions. Staff pay, training, job conditions, and related motivational factors must play a key role in program design and implementation.

Seventh, another challenge is *for staff and programs to be culturally responsive to the diverse needs of parents and families*. Cultural insensitivity by staff can create a barrier to achieving participation of the desired parents and families. It is known that culturally responsive staff and programs are more successful in attaining the involvement of parents and families who are from poor and minority status situations.

Eighth, *having and sustaining program leadership* is critical to program success. For example, leaders who nurture parents and families, and who continually seek to implement quality practices have more success in achieving program goals.

In South Carolina, an analysis of program challenges during the first year of the programs, provide important *lessons learned* relative to the continuing work and development of these programs. Six lessons learned are noted:

1. Have clear *and relevant parent education / family strengthening goals that are responsive to local community needs*. In too many cases goals may be shaped in generic ways and fail to capture parent, child, and family needed goals. While three families may all need family support help, each family will likely have unique needs. Program goals and objectives need to reflect this uniqueness of each family.
2. *Involve parents and family in every facet of the planning and work of the program*. For example, South Carolina First Steps to School Readiness requires parent involvement and yet because of many fears and past habits of professional dominance, parental input is often at a minimum. Include parent leadership training and parent advisory councils as key ways to engage parents and family in taking on some ownership of the program. Use parents from past years as mentors to new parents, particularly focusing on ways parents can contribute to the program.
3. *Continually engage staff in relevant training for all of the dimensions of parent education / family strengthening*. Hayes (2000) suggests that poor or insufficient training and education of staff is a primary reason that many programs fail to achieve their goals. For example, poorly trained home visitors will lack the adaptability of relating desired activities to specific parent, child, and family behaviors. In contrast, well education home visitors have a strong and positive influences.
4. *Design and use "specific indicators" of success for your program's work*. Successful programs have these success markers posted in their program center or place of activity. As indicators are achieved, these can be used as motivation to further the program's activities.

5. *Evaluate and refine program work as important parent and family feedback is attained.* Continuous evaluation is a mark of a quality program. Data is needed to: a) direct our program work effectively, b) support parents and children in becoming empowered, c) refine the overall focus of the program, and better target program resources to meet desired changes in parents, children, and families.
6. *Build programs in response to family need.* Adequate numbers of trained staff are essential for any program. However, care should be given to avoid hiring large numbers of staff prior to implementation of programs as at least one PER indicated a high numbers of staff compared to low number of participants.

## **RECOMMENDATIONS RELATED TO PROMISING PRACTICES IN EARLY CHILDHOOD PARENT EDUCATION / FAMILY STRENGTHENING**

Based on an assessment of parent education / family strengthening programs implemented in the 2001-2002 South Carolina First Steps to School Readiness, the following recommendations on promising practices are offered as one map for refining and targeting program strategies to have more specific and positive impacts on children, parents, and family.

1. Use needs, existing resources, and identified gaps as delineated by parents/families, citizens, and professionals of various fields in early childhood education. Have a comprehensive representation of people in the community involved. And use these assessment efforts in developing your program vision, goals, and strategies. Make sure process is continuous – providing assurance that program work is modified to meet changing needs. Be especially clear on the relevance of needs to the family identified stressors that the family sees as important.
2. Design and continually use high quality staff selection, training, on-going education, supervision and mentoring to provide the caring and competence needed in the entire leadership and implementation team. For example, if the program is using the Parents as Teachers (PAT) – make sure staff are trained in using this model and that continual up-dating of PAT changes or new curricula/strategies are integrated into program work. Likewise, educate staff in adapting program work to the constantly changing needs of families and children. Training and continual staffs learning are integral to the quality of the program services delivered. For example, training is needed particularly in staff recruitment skills, their understanding of the family involvement process and their ability to focus on families in high-risk situations. Another training need is to supervise and mentor staff in learning and using appropriate self-assessment activities as well as more formalized child and family development and program assessments. Be alert to the need for training related to ongoing assessment of family functioning and participation in program activities as well as taking notice of parent abilities to examine their parent-child relationship.
3. Plan on-going parent and family engagement in leadership training that empowers them to advance their personal and parental skills. For example, the Family Literacy Model emphasizes a comprehensive approach to school readiness where parents and family are nurtured toward completing schooling, enhancing their parenting skills, and developing the

skills and confidence for taking on leadership and support roles in the project. Seek to engage parents in educational efforts that are important to their perceived needs. For example, PAT now has a teen parent program. A parent-family advisory group in this program provides regular feedback in improving the lives of teen parents.

4. Periodically carry out “fidelity checks” on the program’s use of parent education / family strengthening models. For example, is the program using staff who are trained in that model? Are there enough staff to carry out program work effectively? Is the program serving the parents targeted in its program mission statement? Are families being meaningfully engaged?
5. Carry out and use multicultural staff and parent sessions. Educate and use various resources to empower staff and parents in using cultural diversity as well as language diversity as program strengths. For example, is the program alert to and sensitive to the cultural strengths and needs of families?
6. South Carolina First Steps to School Readiness programs include family and staff empowerment strategies to support and encourage people in gaining anti-bias and multi-culture life skills. For example, some parent-family programs are providing training and support to empower families, schools and communities to become more culturally responsive.
7. To further empower South Carolina First Steps to School Readiness programs, individual county projects need to reassess how and where they use specific personnel to accomplish their objectives and tasks. For example, one rural county in South Carolina developed a flow chart of objectives and tasks to be completed by assigned staff members, training needed for staff and a time-line of completion.
8. South Carolina First Steps to School Readiness programs will benefit themselves immensely by designing and implementing strategies of higher dosage and more intensity. For example, according to a PER for an urban program in South Carolina found that increased number of home visits per family resulted in better parent-child relations and improved child language skills as measured by Peabody Picture Vocabulary Test and home visitor assessment record.

## REFERENCES

- Brazelton, T., & Greenspan, S. (2000). *The irreducible needs of children*. Cambridge, MA: Perseus.
- Bridges, L. (in press). Trust, attachment, and relatedness. In M.H. Bornstein, L. Davidson, C.L.M. Keyes, & K. Moore (eds.), *Well-being: Positive development across the life course*. Mahwah, NJ: Erlbaum.
- Brizius, J., & Foster, S. (1993). *Generation to generation: Realizing the promise of family literacy*. Ypsilanti, MI: High Scope Press.
- Cowan, C., & Cowan, P. (1992). *When partners become parents: The big life change for couples*. New York: Basic Books.
- Dunst, C., Trivette, C., & Deal, A. (1988). *Enabling and empowering families: Principles and guidelines for practice*. Lexington, MA: Lexington Books.
- Dunst, C., Trivette, C., & Deal, A. (Eds.). (1994). *Supporting and strengthening families: Methods, strategies and practices*. Cambridge, MA: Brookline.
- Feeney, J., Hohaus, L., Noller, P., & Alexander, R. (2001). *Becoming parents: Exploring the bonds between mothers, fathers, and their infants*. New York: Cambridge University Press.
- Garbarino, J. (1992). *Children and families in the social environment. Second Edition*. New York: Aldine de Gruyter.
- Greenspan, S. (1999). *Building healthy minds: The six experiences that create intelligence and emotional growth in babies and young children*. Cambridge, MA: Perseus.
- Gomby, D. S., Culross, P.L., and Berman, R. E. (1999) Home Visiting: Recent Evaluations-Analysis and Recommendations. In Home Visiting: Recent Program Evaluations. *The Future of Children*. Vol. 9, No. 1, Spring/Summer.
- Hart, B., & Risley, T. (1995). *Meaningful differences in the everyday experience of young American children*. Baltimore: Paul H. Brookes.
- Hayes, A. (2000). A rationale for comprehensive family literacy services: Theoretical and philosophical foundations and a summary of findings from follow-up studies. A paper available from the author (Andrew E. Hayes) at University of North Carolina at Wilmington, Watson School of Education, 601 South College Road, Wilmington, NC 28403-5980.
- Hesselbein, F., Goldsmith, M., Beckhard, R., & Schubert, R. (Eds.). (1998). *The community of the future*. San Francisco, CA: Jossey-Bass.
- Levenstein, P., & O'Hara, J. (1983). *Tracing the parent-child network: Final report, 9/1/79-8/31/82*. Grant No. NIE G 8000042, National Institute of Education, U.S. Department of Education.
- Levenstein, P., & O'Hara, J. (1993). The necessary lightness of mother-child play. In K.B. MacDonald (Ed.), *Parents and children playing*. Albany, NY: State University of New York Press.
- Levenstein, P., Levenstein, S., Shiminski, J., & Stolzberg, J. (1998). Long-term impact of a verbal interaction program for at-risk toddlers: An exploratory study of high school outcomes

in a replication of the Mother-Child Home Program. *Journal of Applied Developmental Psychology*, 19 (2): 267-285.

Martin, C., & Colbert, K. (1997). *Parenting: A life span perspective*. New York: McGraw-Hill.

Pfannenstiel, J. (1989). *New Parents as Teachers: Evaluation: A follow-up investigation*. Overland Park, KS: Research and Training Associates.

Pfannenstiel, J. (1999). *School entry assessment project: Report of findings*. Columbia, MO: Missouri Department of Elementary and Secondary Education.

Pfannenstiel, J., & Seltzer, D. (1989). New Parents as Teachers: Evaluation of an early childhood education program. *Early Childhood Research Quarterly*, 4 (1): 1-18.

Powell, D. (1998). Reweaving parents into the fabric of early childhood programs. *Young Children*, 53 (5): 60-67.

Ramey, S.L. & Ramey, C.T. (1992). Early educational intervention with disadvantaged children-To what effect? *Applied & Preventive Psychology*, 1, 131-140.

Royce, J., Darlington, R., & Murray, H. (1983). Pooled analyses: Findings across studies. In Consortium for Longitudinal Studies *As the twig is bent* (pp. 411-458). Hillsdale, NY: Erlbaum.

Schorr, L. (1997). *Common purpose: Strengthening families and neighborhoods to rebuild America*. New York: Anchor Books Doubleday.

Sears, S., & McCartney, K. (1988). Far from home: An experimental evaluation of the Mother-Child Home Program in Bermuda. *Child Development*, 59, 531-543.

St. Pierre, R., Swartz, J., Gamse, B., Murray, S., Deck, D., & Nickel, P. (1995). *National Evaluation of the Even Start Family Literacy Program*. Washington, DC: U.S. Department of Education.

Swick, K. (1993). *Strengthening parents and families during the early childhood years*. Champaign, IL: Stipes

Swick, K., Grafwallner, R., Cockey, M., Roach, J., Davidson, S., Mayor, M., & Gardner, N. (1997). On Board Early: Building strong family-school relations. *Early Childhood Education Journal*, 24, (4): 269-273.

Swick, K., Da Ros, D., & Kovach, B. (2001). Empowering parents and families through a caring inquiry approach. *Early Childhood Education Journal*, 29, (1): 65-70.

Thornton, A. (Ed.). (2001). *The well-being of children and families: Research and data needs*. Ann Arbor, MI: University of Michigan Press.

Wagner, M., Spiker, D., Gerlach-Downie, S., & Hernandez, F. (2000). *Parental engagement in home visiting programs – findings from the parents as teachers multisite evaluation*. Menlo Park, CA: SRI International.

Weissbourd, R. (1996). *The vulnerable child*. Reading, MA: Addison-Wesley.

White, B. (1988). *Educating the infant and toddler*. Lexington, MA: D.C. Heath (Lexington Books).

**APPENDIX A**

**Helpful  
Definitions and Concepts  
Related to  
Parent Education / Family Strengthening**



Various terms and concepts important to our presentation on Parent Education and Family Strengthening in South Carolina First Steps to School Readiness are reviewed in this Appendix. The terms and concepts are reviewed and related to various dimensions of our parent education / family strengthening focus.

Parent and family empowerment provide the broader structure for articulating and developing family strengths through diverse educational and support activities (Hesselbein, Goldsmith, Beckhard, & Schubert, 1998). Of particular importance, are the key enabling elements of *empowerment* where parents know how to find and use family support resources effectively, interact with their children in loving nurturing ways, and engage in relationships with community services that indeed strengthen their children and themselves (Dunst, Trivette, & Deal, 1994). Thus, to empower parents and families is to collaborate with them in supportive ways that further strengthen them in their various activities. Parent and family empowerment are nested within a social systems context as articulated by Dunst, Trivette, & Deal, 1988):

A social systems perspective views a family as a social unit embedded within other formal and informal social units and networks. It also views these different social networks as interdependent where events and changes in one unit resonate, and in turn, directly and indirectly influence the behavior of individuals in other social units. A social systems perspective also considers events within and between social units as supportive and health-promoting to the extent that they have positive influences on family functioning. (p.5)

Determinants of parent / family empowerment include personal/individual skills, family and community support contexts, and societal policies and supports (Dunst, Trivette, & Deal, 1994). These are interactive elements that influence each other and then impact parent, child, and family in their overall functioning. For example, when parents have access to quality and affordable child care, Galinsky (1989) found that parent interactions with their children improved. Likewise, quality health services can positively impact the health of mothers-to-be. Elements that directly impact parent / family empowerment are education, health, nutrition, economic sustenance, social support, child care, adult education, parent education, job skills training and preparation, and community opportunities for growth and renewal (Brazelton & Greenspan, 2000; Garbarino, 1992).

Family-centered practices within child care, schools, social services, health and medical groups, faith groups, and other community groups provide the foundation where parent / family empowerment can be actualized (Schorr, 1997; Thornton, 2001). The family-centered construct proposes that societal decisions be made with the health and well-being of the family of priority concern. Thus, all determinants impacting family well-being are contextualized within the ecological question: How does this decision and service impact families? Resulting practices thus reflect a strong emphasis on parent / family involvement in the total process of parenting and family growth and renewal (Thornton, 2001; Weissbourd, 1996). Involvement by parents and family changes the structure of family support to be more inclusive of an educational value that strengthens parents in their key role as children's educators. As Swick et al. (1997) note in regards to a family involvement program in Baltimore, Maryland:

By strengthening parent and family involvement, the belief was that children (and their families) could better experience success in various school activities and interactions.(p. 269)

Indeed, the key to long-term family strengthening and empowerment is intensive parent and family involvement in every facet of the process.

Attachment: is the process by which parents and children (and other intimate, caring adults) invest in each other's lives in ways that create a sense of permanency, trust, love, warmth, and loyalty (Cowan & Cowan, 1992). Parents take the lead in this process, initiating multi-sensory interactions with their infants and toddlers that communicate the needed and wonderfully enriching sense of love, security, and trust in the child. As noted by Brazelton & Greenspan (2000):

Supportive, warm, nurturing emotional interactions with with infants and young children on the other hand, help the central nervous system grow appropriately. Listening to the human voice, for example, helps babies learn to distinguish sounds and develop language. Interactive experiences can result in brain cells being recruited for particular purposes – extra ones for hearing rather than seeing, for instance. Exchanging emotional gestures helps babies learn to perceive and respond to emotional cues and form a sense of self. Brain scans of older individuals show that experiences that are appropriately emotionally help a person label rather than act out feelings. It helps him empathize with others and meet expectations. (pp. 1,2)

Attachment appears to strengthen children and parents as well as other family. The bonding process energizes parent-child relations in ways that: increase self concept, improve memory and related learning, enrich and empower social relations, and exhibit empathy and other prosocial skills (Feeney, et al., 2001). Yet, even securely attached children can experience childhood trauma that threatens their healthy attachment relationships. Thus, parents, family, and early childhood care givers need to view the attachment and bonding process as developmental and attend to it closely throughout the child's development (Brazelton & Greenspan, 2000).

Additional terms and concepts important to this paper are noted as follows. These concepts and definitions are shared as a way of helping the reader understand the overall emphasis in this report.

*Family Educator* is often noted as a parent educator. The term family is rapidly gaining credence because "parent" educators truly reach and support everyone in the family. This is also more reflective of the ecological model of parent education and family strengthening. Family educator refers to trained professionals who usually have a B.A. in some discipline in early childhood education and para-professionals (who often have the equivalent of an Associate Degree in Child

or Family Development) who are intentionally engaged in supportive, educational, and collaborative relations with families.

*Personal Visitation or Home Visitation:* The parent / family visitation process is evolving from what once was termed home visit. The more inclusive “personal visits” idea seems more relevant to today’s family system where visits might happen in the home, in a church school basement, in the public school, at the early childhood center, or in another more convenient place. The key point is that parents and family-support staff are engaged in using the visitation process to further strengthen the family.

*Parent Education:* The process designed to provide parents with knowledge, skills, and perspectives that enhance and strengthen their parenting through collaborative, nurturing and participatory strategies. The contemporary value is on strong parent leadership in all aspects of parent growth and learning.

*Parenting:* The parenting process is about the perceptions, behaviors, and relationships that parents use in all aspects of child rearing, family dynamics, and in their overall family lives.

*Parent And Child Time (PACT):* The PACT is a curriculum process used in the Family Literacy program approach where parents and children experience guided learning with the support of a professional early childhood educator. Parents and children learn how to interact positively and effectively to thus strengthen each other.

*Family Involvement:* The process of family involvement emphasizes the engagement of “family” in the early childhood education structure, meaning the elements that comprise decision making such as participation in advisory groups or curriculum development. The value is on parental and family interaction with caregivers, teachers, and other helping professionals in ways that strengthen their children, themselves, and indeed the professionals working with them.

*Family-Centered:* Early childhood programs that focus on the family as the key element of learning are said to be “Family Centered”. Family-centered early childhood programs typically have practices such as parent programs, parent-family advisory projects, family focused curricula, and an overall family-friendly culture.

**APPENDIX B:**

**South Carolina**  
**First Steps to School Readiness**  
**Parent Education and**  
**Family Strengthening Program**  
**Effectiveness Data Presentation**

Program Effectiveness Report (PER): Parent Education and Family Strengthening Program Evaluation											
Parents As Teachers	#	Parent Child Home	#	Parents as Teachers and Parent Child Home	#	Family Literacy	#	ESL	#	Other	#
Counties and School Districts Responding											
Anderson 2		Clarendon 1		Florence 5		Anderson		Charleston		Beaufort	
Anderson 4		Clarendon 2		Marion		Charleston		Charleston		Greenwood	
Anderson 3				Williamsburg		Jasper				Marlboro	
		Clarendon 3		Lexington 1		Charleston		Charleston		Fairfield	
Berkley		Dorchester 2		Barnwell 19		Spartanburg		Charleston			
Edgefield		Florence				Greenville				Georgetown	
Fairfield		Florence 3								Kershaw	
Georgetown		Horry									
Georgetown-2											
Greenville		Marion 7								Other Lit	
Greenwood 50										Anderson	
Greenwood 51										Richland	
Greenwood 52										Union	
Hampton 1										Calhoun	
Hampton 2										Charleston	
Kershaw											
Lee											
Lexington-2											
Lexington-3											
Lexington-4											
Oconee											
Orangeburg 4											
Saluda											
Spartanburg											
<b>Responses</b>	<b>23</b>		<b>8</b>		<b>5</b>		<b>6</b>		<b>4</b>		<b>12</b>
											<b>TOTAL</b>
											<b>58</b>

**Table I. Parents As Teachers**

<b>Program characteristics</b>	<b>Anderson 2</b>	<b>Anderson 4</b>	<b>Anderson 3</b>	<b>Berkley</b>
<b>New/Extended Program</b>	New	Extended	Extended	New
<b>Parenting Curricula</b>	PAT	PAT	PAT	PAT
<b>Other Curricula</b>	no	Competent P		
<b>Number of Sites</b>	1	1	1	9
<b>Type of adult</b>	targeted at risk	targeted at-risk	targeted at-risk	
<b>Number of adults planned</b>	40	60/40	30	180
<b>Number of adults served</b>	21	40	30	
<b>Number of child planned</b>	40		30	
<b>Number of child served</b>	27	40+67newbrn	14	220
<b>Number of completers-a</b>	0	34	14	220
<b>Number of completers-c</b>	No data	no data	14	124
<b>Number of dropouts-a</b>	38%	15%	28%	123
<b>Contact hrs-HV</b>	1.5hr 2x/mo.	1hr/mo/11mo	1hr/mo/11m0	
<b>Contact hrs-group</b>	yes-no data	yes-no data	1hr/mo/11m0	2hr/wk
<b>PACT contact hr</b>	during HV	no data	no data	39-1hr
<b>Number of staff</b>	2sup + 4pe	2PT+1dir-inkind	2PT	
<b>Caseload</b>	1:05	1:20	1:15	10
<b>Staff qualifications</b>	3BA+1AS	1BA1exp	0/2exp.	
<b>Hours in-service training</b>	yes-no data	yes-no data	weekly	1:20
<b>PAT/PCH training?</b>	4-PAT2-PCH	PCH	PAT	30-2hr staff
<b>Childcare provided?</b>	no	no data	no data	no data

<b>Program characteristics</b>	<b>Edgefield</b>	<b>Fairfield</b>	<b>Georgetown 1</b>	<b>Georgetown 2</b>
<b>New/Extended Program</b>	Extended	Extended	New	New
<b>Parenting Curricula</b>	PAT	PAT	PAT	PAT
<b>Other Curricula</b>	Motheread			
<b>Number of Sites</b>		1	1	
<b>Type of adult</b>			ABC income	Not specific
<b>Number of adults planned</b>	40	85	50-100	60
<b>Number of adults served</b>				
<b>Number of child planned</b>	36	64	67	8
<b>Number of child served</b>	40	80	No data	60
<b>Number of completers-a</b>	48		No data	8
<b>Number of completers-c</b>	5		vary	
<b>Number of dropouts-a</b>	8-22%	12-19%	36%	
<b>Contact hrs-HV</b>	1hr/mo	1hr/mo	0	1x/mo
<b>Contact hrs-group</b>	8hr	2hr/mo	2-45min/mo	10w/1parent
<b>PACT contact hr</b>			0	0
<b>Number of staff</b>	8	5PT	4-2PE	2PE
<b>Caseload</b>				1:04
<b>Staff qualifications</b>	1BA1AS		1M1BA1AS	1BA1AS
<b>Hours in-service training</b>			No data	
<b>PAT/PCH training?</b>	PAT	PAT	PAT	PAT
<b>Childcare provided?</b>	no		yes	no

<b>Program characteristics</b>	<b>Greenville</b>	<b>Greenwood 50</b>	<b>Greenwood 51</b>	<b>Greenwood Legacy</b>
<b>New/Extended Program</b>	Extended	Extended	Extended	New
<b>Parenting Curricula</b>	PAT	PAT	PAT	PAT
<b>Other Curricula</b>			HFA	TeenIssue
<b>Number of Sites</b>		2	1	1
<b>Type of adult</b>		Single Parents Teen Parents Low Education Special Education Social Services	Single Parents Teen Parents Low education Special Education Low Income	Teen Mothers
<b>Number of adults planned</b>	540	40	20	15
<b>Number of adults served</b>				
<b>Number of child planned</b>	540	39	22	17
<b>Number of child served</b>		40	20	15
<b>Number of completers-a</b>		39	22	17
<b>Number of completers-c</b>			14	16
<b>Number of dropouts-a</b>	2%	5%		1%
<b>Contact hrs-HV</b>	1hr/mo	2-1hr/mo	1hr 2x/mo	1hr 2x/wk
<b>Contact hrs-group</b>	6 hr total		4hr total	15hr total
<b>PACT contact hr</b>	3 act.total		0	30hr total
<b>Number of staff</b>	25(14=FS)	1co+2PE	2	2
<b>Caseload</b>	1:40	1:20	1:10	
<b>Staff qualifications</b>	14M5BA3AS	2BA	1M1BA	
<b>Hours in-service training</b>			ASQHFA	
<b>PAT/PCH training?</b>	PAT	PAT	PAT	
<b>Childcare provided?</b>	no	no	no	



<b>Program characteristics</b>	<b>Hampton 1</b>	<b>Hampton 2</b>	<b>Kershaw</b>	<b>Lee</b>
<b>New/Extended Program</b>	New	Extended	Extended	Extended
<b>Parenting Curricula</b>	PAT	PAT	PAT	PAT
<b>Other Curricula</b>				HighScope
<b>Number of Sites</b>	2	2	1	1
<b>Type of adult</b>	32 African America 5 White Single Parents Teen Parents	25 African American 1 Hispanic Single Parents Teen Parents		Single Parents Teen Parents Low Income Mental Health Services Social Services
<b>Number of adults planned</b>	44	50	20	61
<b>Number of adults served</b>				
<b>Number of child planned</b>	36	31	14	73
<b>Number of child served</b>	49	50	20	80
<b>Number of completers-a</b>	41	37	14	80
<b>Number of completers-c</b>				61
<b>Number of dropouts-a</b>	18%			16.40%
<b>Contact hrs-HV</b>	30min2xmo			1hr2Xmo
<b>Contact hrs-group</b>	3hrtotal		1hr/mo	no data
<b>PACT contact hr</b>			2hr/mo	no data
<b>Number of staff</b>	3		2	2
<b>Caseload</b>			1:15	1:30
<b>Staff qualifications</b>	1M, 2HS		2degree	2=2yrcllg
<b>Hours of in-service training</b>	40hrs	60hrs		no data
<b>PAT/PCH training?</b>	PAT		PAT	PAT
<b>Childcare provided?</b>	no	no	no	no data

<b>Program characteristics</b>	<b>Lexington 2</b>	<b>Lexington 3</b>	<b>Lexington 4</b>
<b>New/Extended Program</b>	Extended	Extended	Extended
<b>Parenting Curricula</b>	PAT	PAT	PAT
<b>Other Curricula</b>		Some PCH	
<b>Number of Sites</b>			
<b>Type of adult</b>			
<b>Number of adults planned</b>			70
<b>Number of adults served</b>			
<b>Number of child planned</b>			
<b>Number of child served</b>	17	25	
<b>Number of completers-a</b>			
<b>Number of completers-c</b>			
<b>Number of dropouts-a</b>	0	Per PAT no specifics	
<b>Contact hrs-HV</b>	1x per month	Per PAT no specifics	
<b>Contact hrs-group</b>	1 hr 1 x/week- Kids only	Per PAT no specifics	1 x month for 8
<b>PACT contact hr</b>	2 hr per week	2x per week?	4 FT SW 1 F
<b>Number of staff</b>	5 PT	2 PT	1 FT, 2 PT, 1 QT
<b>Caseload</b>	1:3-4 ratio		
<b>Staff qualifications</b>	1MSW, 2 HS, 2 college	1 HS, 1 Tech	1 RN, 1 LPN, 1 LMSW, 1 MA, 2 HS
<b>Hours of in-service training</b>			
<b>PAT/PCH training?</b>	PAT		All 0-3 Training, (4) 3-5 Training, (1) PAT Teen
<b>Childcare provided?</b>	no	no	Yes

Program characteristics	Oconee	Orangeburg	Saluda	Spartanburg
New/Extended Program	New	New/ Extend	Extend/New	Extend
Parenting Curricula	PAT	PAT	PAT	PAT
Other Curricula	STEPS			
Number of Sites				
Type of adult	Parents of children 0-3 Low Literacy Low Income Low Education Violence/Abuse Health Insurance	Teen Parents Single Parents Homeless Disabilities Low Education Low Income Substance Abuse Foster Parents Grandparents Migrant Families ESL Parents	Homeless Disabilities Low Education Low Income Substance Abuse Foster Parents Grandparents Migrant Families ESL Families	Homeless Disabilities Low Education Low Income Substance Abuse Foster Parents Grandparents Migrant Families ESL Families
Number of adults planned	50-90 adults	60	10	300
Number of adults served		60	11	344
Number of child planned	no data			
Number of child served			11	
Number of completers-a		32-53%		1-22%
Number of completers-c	no data			
Number of dropouts-a				
Contact hrs-HV	1x wk	2x mon 30-45 minutes	2x month	1 hour per visit
Contact hrs-group			1.5 bi monthly 2 x month @ 1.5 hours	1 meeting. No time locations varied
PACT contact hr	7 FT/ 1 PT	8/3 = FS	2 PT	16
Number of staff	1:5-8	1:20	1:10 PT	1:15-1:20
Caseload		2 BS, 1 AS 1 BS		1 AS, 1 college, 14 BA, 7 Med
Staff qualifications				
Hours of in-service training		PAT		only trained in PAT
PAT/PCH training?		no	yes	yes

**Table II. Parent Child Home**

<b>Program characteristics</b>	<b>Clarendon1</b>	<b>Clarendon2</b>	<b>Clarendon3</b>	<b>Dorchester</b>
<b>New/Extended Program</b>	Extended	Extended	Extended	Extended
<b>Parenting Curricula</b>	PCH	PCH	PCH	PCH
<b>Other Curricula</b>	none	none	none	none
<b>Number of Sites</b>	1	1	1	1
<b>Type of adult</b>	88% African American 12% Other		74%African American 10% Hispanic 16 White	19African American 25 White Single Parents Teen Parents Low Income Low Literacy Grandparents
<b>Number of adults planned</b>	40/15	20	20	40
<b>Number of adults served</b>	8	36	19?57hr?	44
<b>Number of child planned</b>	15	20	no data	40
<b>Number of child served</b>	12	43	no data	no data
<b>Number of completers-a</b>	8	36	19(? Data)	44
<b>Number of completers-c</b>	12	43		no data
<b>Number of dropouts-a</b>	0	0%		0%
<b>Contact hrs-HV</b>	30min2xwk	30min2xwk	1hr/mo	30min2xwk
<b>Contact hrs-group</b>	0	0	0	0
<b>PACT contact hr</b>	0	0	0	0
<b>Number of staff</b>	2PT-1ft-inkind)	5PT/	1FT1PT	4
<b>Caseload</b>	1:4PT	1:9PT	2	1:10FT
<b>Staff qualifications</b>	3	no data	no data	
<b>Hours of in-service training</b>	1hr/wk	no data		2hr/wk
<b>PAT/PCH training?</b>		1PAT5PCH	PCH&PAT	PCH&PAT
<b>Childcare provided?</b>	collab	collab		collab

<b>Program characteristics</b>	<b>Florence 1</b>	<b>Florence 3</b>	<b>Horry</b>	<b>Marion7</b>
<b>New/Extended Program</b>	Extended	Extended	New	Extended
<b>Parenting Curricula</b>	PCH	PCH	PCH	PCH
<b>Other Curricula</b>	none	none	none	Creative
<b>Number of Sites</b>		1	1	1
<b>Type of adult</b>	Multi risk	High Need		Single Parents Low Income Non Head of Household
<b>Number of adults planned</b>	25	17	60	20
<b>Number of adults served</b>	40	17	66	20
<b>Number of child planned</b>	25	17	60	20
<b>Number of child served</b>	40	17		20
<b>Number of completers-a</b>	8	17	54	20
<b>Number of completers-c</b>	8	16	12	20
<b>Number of dropouts-a</b>	80%	5%	15%	
<b>Contact hrs-HV</b>	30min2xwk	30min2xwk	30min2xwk	30min2xwk
<b>Contact hrs-group</b>	0	0	0	0
<b>PACT contact hr</b>	0	0	0	0
<b>Number of staff</b>	2FT5PT	1	5	1Ft1PT
<b>Caseload</b>	1:17	1:17	1:10-13	1:20
<b>Staff qualifications</b>	5BA1HS	0-HS+exper	1MS1BA	1Med-1HS
<b>Hours of in-service training</b>	supervision	no data	2hrs/wk	supervision
<b>PAT/PCH training?</b>	PCH	PCH	PCH	no-only
<b>Childcare provided?</b>	collab	no ccare	no ccare	some 4k

**Table III. Parents as Teachers and Parent Child Home Combined**

<b>Program characteristics</b>	<b>Florence 5</b>	<b>Lexington 1</b>	<b>Marion</b>	<b>Williamsburg</b>	<b>Barnwell 19</b>
<b>New/Extended Program</b>	New	Extended	Extended	Extended	Extended
<b>Parenting Curricula</b>	PAT/PCH	PAT/PCH	PAT/PCH	PAT/PCH	PAT/PCH
<b>Other Curricula</b>		Some PCH			
<b>Number of Sites</b>		2			
<b>Type of adult</b>	High Risk Medicaid Eligible Social Services	Teen Parents 27 Hispanic	Single Parent Teen Parent Foster Parent Grandparent Care Low Income Unemployed Social Services Disabilities Mental health Limited English Proficiency	Low Income Low Literacy Special needs Parental Stress	Single parent Low Income Low Education Under- or Unemployed Multiple children
<b>Number of adults planned</b>	34	145	Not reported	43	Not reported
<b>Number of adults served</b>	26	145/94	40	40	Not reported
<b>Number of child planned</b>					Not reported
<b>Number of child served</b>		145/118 max			Not reported
<b>Number of completers-a</b>	25	Not reported	39	40	Not reported
<b>Number of completers-c</b>					Not reported
<b>Number of dropouts-a</b>	1	Not reported	1	3	Not reported
<b>Contact hrs-HV</b>	PAT 1hr / week	PAT 1x per month PCH 1-2x week	PCH 2x month for 1hr PAT 2x month for 1 hr	Home Visit: 30 mins/twice a week	PAT: 1 hr/wk PCH: 30 min/ twice a week
<b>Contact hrs-group</b>					
<b>PACT contact hr</b>					
<b>Number of staff</b>	1FT home visitor 1PT home visitor	2FT home visitors 3PT home visitors	2 FT home visitors	4 FT home visitors	1 FT parent coordinator; 1 FT parent educator

<b>Program characteristics</b>	<b>Florence 5</b>	<b>Lexington 1</b>	<b>Marion</b>	<b>Williamsburg</b>	<b>Barnwell 19</b>
<b>Caseload</b>	1 FT = 20 cases 1 PT=6 cases				15
<b>Staff qualifications</b>	1 BA, 1 MA	1BA, 1MA, 1AS, 2HS	1BA, 1 BA	At least HS and Certificate in Child Development	1 BA; 1 HS
<b>Hours of in-service training</b>					
<b>PAT/PCH training?</b>	PAT/PCH	PAT/PCH	PAT/PCH	PAT/PCH	PAT/PCH
<b>Childcare provided?</b>	No	No	No	No	No

**Table IV. Family Literacy**

<b>Program characteristics</b>	<b>Anderson</b>	<b>Charleston Palmetto Project</b>	<b>Charleston Florence Crittendon</b>
<b>New/Extended Program</b>	New	New	Extended
<b>Parenting Curricula</b>	PAT	Not Specified	Bernstein
<b>Other Curricula</b>	Motheread	Academy of Reading	
<b>Number of Sites</b>	1	1	1
<b>Type of adult</b>	Low literacy Low education Low income	Low Income Low Literacy	High Risk Teen
<b>Number of adults planned</b>	15	95	40
<b>Number of adults served</b>	13		
<b>Number of child planned</b>	14	28	40
<b>Number of child served</b>	13	15	34
<b>Number of completers-a</b>	7	16	29
<b>Number of completers-c</b>	13	15	No data
<b>Number of dropouts-a</b>	47%	43%	6%
<b>Contact hrs-HV</b>	Not reported	Not reported	1hr/month
<b>Contact hrs-group</b>	4hr/week	None	video
<b>PACT contact hr</b>	4hr/wk		video
<b>Number of staff</b>	4 Child Care staff	2 FT, 19PT	4 Social Workers
<b>Caseload</b>	Not reported		
<b>Staff qualifications</b>	Child Care experience	14 4year	4
<b>Hour in-service training</b>		2 year national	
<b>PAT/PCH training?</b>			
<b>Childcare provided?</b>	yes	Yes	No data



<b>Program characteristics</b>	<b>Greenville</b>	<b>Jasper</b>	<b>Spartanburg</b>
<b>New/Extended Program</b>	Extended	Extended	New Child Development Extended Adult Education
<b>Parenting Curricula</b>	Not Specified	PAT/PCH	PAT Creative
<b>Other Curricula</b>	Equip Future		
<b>Number of Sites</b>	6	1	3
<b>Type of adult</b>	Low Literacy	Multiple Risk	Low Literacy
<b>Number of adults planned</b>	315	166	45
<b>Number of adults served</b>	192	143	107
<b>Number of child planned</b>	525	167	45
<b>Number of child served</b>	169	167	129
<b>Number of completers-a</b>	148	144	Full dose = 0
<b>Number of completers-c</b>	141		
<b>Number of dropouts-a</b>	32%	1%	50%
<b>Contact hrs-HV</b>	Not reported	1hr/wk	Not reported
<b>Contact hrs-group</b>	Not reported	42 hrs total	Not reported
<b>PACT contact hr</b>	Not reported	4 hrs	Not reported
<b>Number of staff</b>	3FT 20PT	1 Supervisor, 4 Parent Educators	13 at 3 sites
<b>Caseload</b>	No data	12:15	No data
<b>Staff qualifications</b>	7 Med 1 PhD 14 Child Care = GED/HS	Not Reported	1 Med 6 BA 6 Child care = exp only
<b>Hour in-service training</b>	No data	2 hr/ wk	No data
<b>PAT/PCH training?</b>			
<b>Childcare provided?</b>	Yes	Yes	Yes

**Table V. Reach Out and Read (ROAR) and Motherread Literacy Programs**

<b>Program characteristics</b>	<b>Anderson ROAR</b>	<b>Fairfield ROAR</b>	<b>Calhoun Motherread</b>	<b>Charleston Motherread</b>
<b>New/Extension</b>	Extension	Extension	Extension	New
<b>Curricula</b>	National ROAR (Reach Out and Read) Curriculum  Project REACH (Reading Enriches a Child)	National ROAR (Reach Out and Read) curriculum	Motherread Curriculum  Portage Model  FOSPA	Motherread Curriculum
<b>Number of sites</b>	4	3		15
<b>Type of Clients Served</b>	Families with children 0-5 Medicaid families Low literate Largely rural,	Preschool children receiving well-child check ups Mostly low income	Families with children 0-5 Teen Parents Single Parents Low income Developmental delays	Families with children 0-6 Single Parents Limited Education Teen Parents
<b>Number of Clients Served</b>	A) ROAR: 2500 clients B) Success by Six: 1200/quarterly C) Appalachian I Health District: 500 clients D) Books, Babies and Beyond: N/A	696 preschool children	66 parents with children 0-5	255 families
<b>Contact hours</b>	A) ROAR: 20 mins at each check up B) Success by Six C) Appalachian I Health District: 1 ½ hrs nurse visit D) Books, Babies and Beyond: Four 30 min story times /month	Well child check ups at 6 mos, 9, mos, 12, mos, 15, 18, 2 yrs, 3 yrs, 4 yrs, 5 yrs 58 volunteer hours reading to children at checkups	Home Visiting 1 hr/wk Group Mtg 1 ½ hr/monthly	Preschool Club Meetings: 2 hrs; approx. 3-5 meetings/month for 4 months

Program characteristics	Anderson ROAR	Fairfield ROAR	Calhoun Motheread	Charleston Motheread
<b>Number of staff</b>	A) ROAR: Pediatrician (1), multiple volunteers, office staff (1) B) Success by Six: Coordinator (1) C) Appalachian I Health District : Nurse Practitioners (2), Home visiting Nurses D) Books, Babies and Beyond: library staff	Regional Coordinator for SC ROAR  Others: Pediatricians, Private pediatric nurses, 3 trained volunteers	4 Home visitors	18 teachers with certification in: Early Childhood. Elementary Education or as Elementary Specialists (reading, curriculum, instruction)
<b>Caseload</b>		232 families/ volunteer	20 parents/ home visitor	
<b>Staff Qualification</b>	Professional requirements for licensure and certification	Prefer AA degree and at least 5 years in human services, with emphasis on literacy	Home visitor: Bachelors working toward Masters Home visitor: 2 yrs college Home visitor: 1 yr college	SC Early Childhood Teacher Certification
<b>Training</b>	ROAR Curriculum	ROAR Curriculum	Motheread training Portage Guide FOSPA Family literacy conference	Motheread training Ages and Stages Questionnaires training
<b>Child care provided</b>	N/A	N/A	Yes	N/A

**Table VI. Library-based / Storytelling Literacy Programs**

<b>Program characteristics</b>	<b>Library Literacy Programs</b>			
	<b>Richland First Steps to the Library</b>	<b>Union Library Storytelling</b>	<b>Georgetown Storytelling /Literacy Program</b>	<b>Saluda Get Ready to Read</b>
<b>New/Extension</b>	Extension	New	New	New
<b>Curricula</b>	Not reported	Not reported	Original curriculum approved by State Library Assoc. & DSS	Not reported
<b>Number of sites</b>	20 child care centers Local Libraries	Home Daycare Providers Child Care Centers Union County Schools	42 child care centers	Amick Grove Church Saluda County Library St. Williams Catholic Church
<b>Type of Clients Served</b>	Preschool children at local child care centers and their parents	Preschool children (under 5) and their parents	Preschool children at local child care centers and their parents	Preschool children and their parents
<b>Number of Clients Served</b>	Not reported	Planned to serve 300-400	42 centers with 638 children between 18 months-4 yrs	37
<b>Contact hours</b>	24 hrs/week reading to children, 3 parent workshops	Story telling 30mins/twice monthly	1 visit (45-minutes to 1 hour) per month following the Storytelling and Literacy Instruction curriculum /12 visits per provider	1 hr story time; PACT time
<b>Number of staff</b>	2 PT Richland Co. Public Library staff, librarians	1 certified teacher	1 story teller	4 volunteer storytellers
<b>Caseload</b>				
<b>Staff Qualification</b>	Certified librarians with public library and school library experience	Masters Education plus 30 years teaching experience	BA English plus 10 years storytelling and working with children	HS diploma; BA

	Library Literacy Programs			
Program characteristics	Richland First Steps to the Library	Union Library Storytelling	Georgetown Storytelling /Literacy Program	Saluda Get Ready to Read
Training	N/A	N/A	N/A	N/A
Child care provided	N/A	N/A	N/A	N/A

**Table VII. English as a Second Language (ESL) Programs**

<b>Program characteristics</b>	<b>Charleston St. Matthews Lutheran</b>	<b>Charleston Chas. Co. School District</b>	<b>Charleston Palmetto Project</b>	<b>Charleston Trident Technical College</b>
<b>New/Extension</b>	Extension	Extension	New	Extension
<b>Curricula</b>	New Interchange Series Absolute Beginner English- 20 Point Program	Adult Basic Education Curriculum, Adult ESL Curriculum	Family Learning Center Model, Academy of Reading Program, "Am I Dreaming" Interactive Video	ESL Curriculum: Apple Pie Series, Early Childhood Literacy Enrichment (ECLE)
<b>Number of sites</b>	1	2	3	2
<b>Type of Clients Served</b>	Parents of children 0-5 for whom E is a SL	Parents of children 0-5 for whom E is a SL	Low income parents of children 0-5 for whom ESL	NES or LEP parents of children 0-5
<b>Number of Clients Served</b>	3 Parents 7 Children	27 Parents	1 Parent 1 Child	7 Parents
<b>Contact hours</b>	55hrs Total 2.5 hrs/wk	40 Hours Total Twice weekly for 2 hrs	2 hr s/ 4 days/wk	47.5 hrs ESL instruction/ 2.5 hrs /19 session 40 hrs ESL instruction/ 2.5 hrs/ 16 sessions
<b>Number of staff</b>	PT ESL Teacher (1) Volunteer Teachers	Certified Teachers (2) Test Administrator (1) Child Care Providers (2)	ESL Instructor (1) PT Instructor (12) PT Child Care Provider (4)	ESL Instructor (1) ECLE Leader (1) Child Care Provider (1)
<b>Caseload</b>				
<b>Staff Qualification</b>	ESL Teacher: BS (Psyc), ESL teacher training, 1.5 Yrs ESL teaching exp	Teachers: Degree Certified Child Care: Teacher's Aides in local schools	Instructors: B.A., SC Teacher Certification	ESL Instructor: B.A., Certified in TESOL ECLE Leader: Ph.D., Certified Child Psychologist Child Care Provider: HS Min 2 yrs with preschoolers
<b>Training</b>	Continuing Ed ESL Training	Orientation Training	Software Program training	5 hrs ECLE Training
<b>Child care provided</b>	Yes	Yes	Yes	Yes

**Table VIII. Fathering Programs**

<b>Program characteristics</b>	<b>Kershaw County Fatherhood Initiative</b>	<b>Fairfield County Father's Matter</b>
<b>New/Extension</b>	New	Extension
<b>Curricula</b>	Adapted Sisters of Charity, Foundations of Fatherhood curriculum and the ROADS plan (Reaching Out to Adolescent Dads)	Fatherhood Development Manual developed by the National Center For Strategic Non-Profit Planning and Community Leadership Model
<b>Number of sites</b>	1	1
<b>Type of Clients Served</b>	Fathers 20 –35 years olds with children 0-5 years old	At risk fathers 18-35 with preschool children
<b>Number of Clients Served</b>	11	3
<b>Contact hours</b>	2.5 hours twice a week	1.5hr group mtg/wk. 1 hr individual mtg/ wk
<b>Number of staff</b>	Executive director (1) Program coordinator (1) Administrative coordinator (1) Peer mentors (2)	Program Director Intervention Specialist
<b>Caseload</b>		
<b>Staff Qualification</b>	Not reported	Program Director: AA, Exp counseling men Intervention Specialist: HS
<b>Training</b>	Foundations of Fatherhood Training Focus on Family Training Non-profit Center for Learning 3-day training course	N/A
<b>Child care provided</b>	No	No

**Table IX. Home Visitation Programs**

<b>Program characteristics</b>	<b>Marlboro Effective Black Parenting</b>	<b>Greenwood Healthy Families America</b>
<b>New/Extension</b>	New	Extension
<b>Curricula</b>	Effective Black Parenting	Healthy Families America Model Program PAT Curriculum Partner for a Healthy Baby Curriculum
<b>Number of sites</b>	Multiple/ Home Visiting Program	Multiple/ Home Visiting Program
<b>Type of Clients Served</b>	Families with children ages 0 – 5 Low Literacy Limited Income Single Parents First Time Parents Teen Parents	Families with children ages 0 – 5 Teen and single parents @ 185% below poverty Less than a high school education Families must be engaged prenatally or within the first three months of a child's birth.
<b>Number of Clients Served</b>	24	42
<b>Contact hours</b>	30 min home visits/ twice a month	Home Visits: 1 hr/wk for 9 months Group Meetings: Monthly
<b>Number of staff</b>	10 Home Visitors	4 Home Visitors
<b>Caseload</b>		
<b>Staff Qualification</b>	8 Home Visitors: B.A. 2 Home Visitors: Nursing Degrees	4 Home Visitors: Bachelors Degrees
<b>Training</b>	Home Visitors: 12-15hr training in Effective Black Parenting Curriculum, 3 hrs in Denver II	Healthy Families Training Parents as Teachers Certification Intensive wrap around training intervention
<b>Child care provided</b>	N/A	N/A



**Table X. Service Coordination Programs**

<b>Program characteristics</b>	<b>Beaufort Family Learning Connections</b>
<b>New/Extension</b>	New
<b>Curricula</b>	Collaborative for Organizations Serving Youth (COSY) Model
<b>Number of sites</b>	Multiple service centers
<b>Type of Clients Served</b>	At-risk families with children 0-5 Low CSAB scores High % qualifying for free lunches Limited resources in community
<b>Number of Clients Served</b>	Not reported
<b>Contact hours</b>	Not reported
<b>Number of staff</b>	Executive Director COSY Coordinator
<b>Caseload</b>	Not Reported
<b>Staff Qualification</b>	Not reported
<b>Training</b>	COSY
<b>Child care provided</b>	At some sites